COLORADO
Department of Health Care Policy & Financing

ACC: Access KP
Fact Sheet for Providers

April 2016

Background

ACC: Access KP is a new payment reform initiative within Colorado's Accountable Care Collaborative (ACC). The initiative is a limited benefit, capitated primary care model designed to pilot an alternative to the current fee for service payment mechanism. The initiative is a partnership between the State of Colorado Department of Health Care Policy and Financing (HCPF), Colorado Access, and Kaiser Permanente.

When will the initiative begin?

Enrollees will receive a letter indicating they will be enrolled into ACC: Access KP in June 2016. The effective date and first day that Access KP will be responsible for services is July 1, 2016.

Enrollment

Who will be enrolled in the initiative?

All ACC Region 3 (Adams, Arapahoe, and Douglas County) Medicaid clients who are attributed to Kaiser Permanente (KP) as their Primary Care Medical Provider (PCMP) as of May 1, 2016, will be passively enrolled into the new ACC: Access KP initiative. The initial enrollment is estimated to be about 26,000 Medicaid clients.

After the initiative is implemented, clients who live in ACC Region 3 and meet the enrollment criteria may call Health*Colorado* at 303-839-2120 and ask to be enrolled in ACC: Access KP. Clients who are located outside this service area will not be eligible for ACC: Access KP.

ACC: Medicare Medicaid Program (ACC: MMP) clients will not be enrolled in ACC: Access KP but will be able to select Kaiser Permanente as a PCMP.

Clients who have health coverage in addition to Medicaid (i.e. Medicare, commercial insurance) will not be enrolled into the program.

Will Kaiser Permanente still be available as a PCMP for clients in Region 3?

No, ACC clients in the service area will no longer be able to select Kaiser Permanente as their PCMP. ACC: MMP clients will not be enrolled in ACC: Access KP but will be able to select KP as their PCMP.

How will clients know if they are enrolled in ACC: Access KP and can they opt-out?

Clients who are enrolled in ACC: Access KP will receive a notification letter at least 30 days prior to the start of their enrollment. After enrollment, clients will have 90 days to disenroll for any reason. After 90 days, the client must wait until their open enrollment period to change. Clients may change their health plan once a year.

Initiative Benefits

Will clients still receive the same Medicaid benefits?

ACC: Access KP clients will receive the same benefits as regular Medicaid. However, clients may receive additional supports and services offered as part of the initiative. Clients must use providers in the ACC: Access KP network for most services.

Will clients need a referral to see a specialist?

Yes, clients will need a referral from their ACC: Access KP primary care provider for specialist services covered under the initiative.

Initative and Providers

Will this have an impact on provider billing?

Yes. Depending on the services being provided to the client, providers outside of the Kaiser Permanente network will have to bill either the Department of Health Care Policy and Financing or Kaiser Permanente.

The program consists of about 2,000 CPT codes for which Kaiser Permanente will be financially responsible. Services among the 2,000 CPT codes provided to ACC: Access KP members will be billed to Kaiser Permanente with a prior authorization, and will be reimbursed based on the Medicaid fee schedule. All other Medicaid covered services will continue to be billed directly to the State. ACC: Access KP members will need to obtain these 2,000 services from KP physicians or from KP contracted providers with a prior

authorization. A prior referral and authorization from Kaiser Permanente is required for all services provided to ACC: Access KP members by Kaiser Permanente's contracted network providers.

It is encouraged to direct ACC: Access KP members to receive services from a Kaiser Permanente provider. If services are provided without an authorization from Kaiser Permanente - claims on the 2000 code list will be denied for payment by both Medicaid and Kaiser Permanente.

How will providers identify clients enrolled in ACC: Access KP?

Clients enrolled in ACC: Access KP will have a Kaiser Permanente member ID card and a unique identification within the provider portal. The screen shot below is what the providers will see **at the bottom of the eligibility response**;


PREPAID HEALTH PLAN

Eligibility Benefit Date:
02/26/2016 - 02/26/2016

Service Type(s): Health Benefit Plan Coverage
Health Plan Name: ACC ACCESS KAISER

Messages:

NON EXEMPT SERVICES REQUIRE MANAGED CARE AUTHORIZATION. ALL PRIMARY CARE AND SPECIALTY CARE MUST BE AUTHORIZED BY KAISER PERMANENTE. Authorizations 303-338-3800, exempt service list & program info www.kp.providers.coaccess.com.

Please note: This program is dependent upon the renewal of legislation authorizing Medicaid payment reform pilots in Colorado. In the event the legislation is allowed to sunset, the Department will not have the resources to continue the pilot.